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ILMINSTER URBAN DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the year ended 31st December, 1963



Health Department,  
16, Church Street,  
Crewkerne,  
Somerset.

Telephone No.  
Crewkerne 419



PUBLIC HEALTH OFFICERS

Medical Officer of Health

A. M. McCall  
V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Public Health Inspectors

P. K. Bussell, M.A.P.H.I.,  
R. Whitehead, M.A.P.H.I.  
(From 1.10.63)

Clerk to Medical Officer

Miss Y. Michael, B.A.

Health, Highways, Buildings & Water Committee

E. A. Bradburn (Chairman)  
F. W. J. Britten  
L. G. Burt  
L. G. Carbin  
Mrs. M. T. Prew

Housing Committee

L. G. Burt  
E. A. Bradburn  
F. W. J. Britten  
L. G. Carbin  
L. T. Clapp  
A. A. C. Derrick  
A. W. C. Gooch  
Mrs. E. Hunt  
B. J. Pike  
Mrs. M. T. Prew  
S. L. Suffolk  
H. J. Tolley

Health Visitor

Mrs. O. J. M. Pitt  
S.R.N., S.C.M., H.V.

District Nurses

Mrs. Crouch, S.R.N., S.C.M.  
Miss Rudge, S.R.N., S.C.M.



To the Chairman and Councillors of the Ilminster Urban District

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Report for 1963.

The health of the residents has been good and there have been no epidemics or serious outbreak of illness.

In Section D of this report, much of the detail of which was compiled by Mr. Bussell, I have referred to some problems we have to face. The most pressing I consider, is the re-housing of Summervale residents.

In January Dr. D.V. Hague, now in general practice, but at one time a Medical Officer of Health, was appointed Deputy Medical Officer of Health to cover the town during my absences and I was pleased and grateful when he accepted the appointment.

I am,  
Mr. Chairman and Councillors,

Your obedient Servant,

A. M. McCALL

Medical Officer of Health



## SECTION A

### Statistics and Social Conditions of the Area

#### Population

The Registrar General estimates the mid-year population for 1963 as 2,820, an increase of 30 over 1962. The rateable value is now £89,139 and £352 the product of a penny rate. The population density is 5.3 per acre.

#### Birth Rate

The Corrected Birth Rate for 1963 was 15.98 per thousand live births, an increase on 1962 when the figure was 14.69. The national figure for England and Wales for 1963 was 18.2, the highest since 1947. There were no illegitimate births.

#### Death Rate

The Corrected Death Rate for the year was 13.2, which is higher than the national figure of 12.2. Coronary disease and other heart diseases caused 16 deaths. There were three deaths due to vascular lesions of the nervous system. Cancer caused nine deaths, three being due to cancer of the lung.

#### Maternal Mortality

I am pleased to report that there were no maternal deaths during the year.

#### Stillbirths

There were no stillbirths registered during 1963.

#### Infant Mortality

There was one infant death reported during the year, due to congenital abnormalities. The baby died at the age of one week.

#### Social Conditions

The conditions in which the residents live are satisfactory. Unemployment was at a low level.

The closure of the passenger rail services to Ilminster in September, 1962 stressed the changes in travelling habits. In 1825 the aim was to join the Bristol Channel at Stolford with the English Channel at Beer in South Devon. The Chard Canal Act was passed in 1834 and the section from Taunton to Ilminster opened in 1842. Already the railways were taking over the work of canals and the Canal closed in 1866, the same year as the Taunton to Chard railway was completed. In 1963 consideration was being given to the total closure of the Ilminster to Taunton line.





## SECTION B

### General Provision of Health Services in the Area

The services remained unchanged during the year.

There is a need for a health clinic in Ilminster. At present the child welfare clinic is held in a church hall which, in itself, is alright but does not compare with a purpose-built clinic. There is nowhere suitable to hold antenatal clinics, there is nowhere where special medical examinations can be carried out. The speech therapist has no convenient room at her disposal. If there was a clinic building it would be possible to house all these services, together with an orthopaedic clinic and possibly, with the co-operation of the hospital authorities, physiotherapy sessions could be held in the town. This would avoid a considerable amount of travelling.

### Antenatal Care

No antenatal clinics are held in the town but routine antenatal examinations are carried out by the general practitioners and district nurses. Mothers have to travel to Taunton for blood examination. In the absence of a suitable building no relaxation classes are possible.

### Midwifery

One hundred years ago death in childbed occurred in about seven per thousand deliveries. The main causes of death were, sepsis about 60% haemorrhage 25% and other causes, including exhaustion, about 15%. Delivery at home was much safer than delivery in hospital and this situation continued on into this century despite the widespread acceptance of Lister's views on sepsis. Only in recent years have figures shown that the hospital maternity department is to be preferred to home delivery. It is the present policy of the National Health Service to increase the number of available beds in maternity departments.

Domiciliary midwifery is in the care of general practitioners and midwives. Regular supervision throughout pregnancy have reduced the maternal mortality to a very low figure. As has already been stated there were no maternal deaths this year.

Mothers admitted to a maternity unit are sent to Taunton. The unit there does work of a very high standard and deals with all infants with blood in-compatibility. When necessary exchange transfusions are carried out on the infant immediately after birth. The unit also maintains a Flying Squad, a team of highly trained staff who will go out to patients' homes to give expert help in case of need.

### Infant Welfare Clinic

The infant welfare clinic is held every week and Dr. Bond attends twice a month. Details of the attendances are shown in Appendix B, Table 1.

### Adoption

There are a large number of childless couples who long for a child of their own and the number of applications to adopt a child far outnumber the children available. Almost all adopted children are illegitimate. In a society in which most children's parents are married it is a handicap legal, social and emotional to be illegitimate. An unmarried mother who is not living with the child's father, and with no prospect of doing so, is, as a parent, at a great disadvantage compared with married women. In addition, illegitimacy introduces a considerable hazard for life and health: at all ages in early childhood mortality figures are worse for illegitimate children.

Adoption law stipulates that a child must have been continuously in the care of adoptive parents for at least three months from the time it is six weeks old, before it is possible for a court to make the adoption final. This means that a legal adoption cannot be completed



until a child is four and a half months old. The intentions behind this rule are:

- (a) To make it possible for the natural parents and especially the mother to revoke the decision to part from the child before the Court Order is made
- (b) To allow time for enquiry to be made by the Court as to the circumstances of the adopters
- (c) To allow an examination of the child to be made at a time when it ought to be possible to diagnose any grave developmental defect and to give the adopters the opportunity of rejecting him on this account

The Adoption Act of 1958 encouraged local Health Authorities to appoint their own adoption committees and officers. The County Council Adoption Committee dealt with all babies offered to them and the majority found new parents. However, there are a great number of private adoption societies who operate in the country. These societies are autonomous with variable rules and resources. There is a need to provide a first class adoption service on a national basis. It could well be administered locally but be uniform throughout the country.

#### Home Nursing

The district nurses carry out all domiciliary nursing and this takes up a considerable portion of their time. They are mainly concerned with the aged and, of course, are available for the acutely sick.

#### Health Visiting

Our district nurses are also trained health visitors and this routine visiting is an important part of their duties. It is obvious that to be effective a health visitor must visit and during her visits she not only gives advice but does a great deal of health education.

The Tuberculosis health visiting is carried out by Mrs. Pitt who follows up all cases seen at the Chard Chest Hospital by the consultant physician. He holds his clinic every Thursday at the Hospital. Mrs. Pitt accompanies me when I carry out the B.C.G. vaccinations at schools and does all the follow-up work in connection with it, arranging X-Rays when necessary and reporting to me on the results.

#### Immunisation

Immunisations are carried out at the clinic and by private practitioners in their surgeries. Protection against diphtheria, whooping cough and tetanus with a single vaccine is now standard practice. Only oral poliomyelitis vaccine is now used. Details of all immunisations can be found in Appendix B, Table 2.

#### Vaccination

Vaccination against smallpox continued as a routine and is usually carried out within the first two years of life. Details of this are also shown in Appendix B, Table 2.

#### Home Help Service

The County Council is responsible for the Home Help Service and it is available on request in the town. All cases are first investigated and the need assessed and then arrangements are made for the appropriate help to be given. This is an expanding service on which the County Council spend more each year.

#### School Medical Service

I visited all the County schools in the town during 1963 and details of these inspections can be found in Appendix B, Table 3.

During the school medical examination particular attention is paid to the special senses. Apart from testing the vision, care is taken to see if there is any abnormality. Squinting in children





presents an important challenge because, if not corrected early, it may result in serious loss of vision as well as producing psychological problems. When squint occurs each eye sees a different image and double vision results. To prevent this occurring a reflex develops involuntarily whereby the brain suppresses the image of one eye. If suppression becomes longstanding, loss of vision develops in the squinting eye. After the child reaches the age of six chances of correcting this loss decrease. It is therefore of primary importance to detect a squint at the earliest possible moment. Many are dealt with by general practitioners or the infant welfare clinic before the child arrives at school. However, some are first seen at school. Because squint may be secondary to other ocular diseases these children are always referred to an ophthalmic specialist. When he is satisfied that the cause is muscle imbalance then he passes the case to an orthoptist for exercises. Sometimes an operation is necessary. This work is carried out at Taunton.

Special attention is paid to hearing. Children do not grow out of deafness, but they certainly will grow into dumbness if their hearing disability is not recognised and treated during early life. The ideal time to do this is the first two or three years of life. Some with some loss of hearing are first detected at school, often by the teacher. The County have trained teachers who, on request, examine these children with special apparatus. Any loss is then reported to me as School Medical Officer and the appropriate investigation and treatment is then started.

Speech defects are frequently found at the first examination and when necessary are referred for speech therapy.

#### School Dental Service

Ilminster is part of the area covered by a part time school dental surgeon whose headquarters are at Chard. Owing to the fact that there is no clinic at Ilminster and transport between the town is not always convenient, no recent dental inspections have been carried out. In view of this I made representations to the County Dental Officer and at the end of the year arrangements were being made for another county dental officer to cover the area with a self contained caravan.

#### Speech Therapy

As I have stated above, no speech therapy clinics can be held in Ilminster although there is undoubtedly a need for them. As a temporary measure, I am trying to arrange for the school medical inspection room at the Secondary Modern School to be made available for limited periods for a speech therapist but this will not be entirely satisfactory.

#### Orthopaedic Service

Miss Read, the orthopaedic sister, continued to hold a clinic at Chard once a month. Appointments to attend this clinic are made through County Hall. She sees children referred by the surgeon at regular intervals and reports to him in matters requiring attention. Children given exercises to do by the surgeon frequently fail to do them and her stimulus is a great help in reminding them that without their co-operation little can be achieved.

#### Ophthalmic Services

The County Council have now arranged for the Health visitors to carry out an annual eye test on all schoolchildren and any difficulties are immediately reported to County Hall and to myself. Usually the children with visual defects are already known but occasionally some sudden deterioration is found and this will prove to be a very useful additional service. All cases referred to hospital are reported on by the County Oculists and these reports are available to me at the school medical inspection.





### Epileptics

As far as possible epileptic children on suppressant drugs attend ordinary schools. They are seen regularly by the Consultant Physician at his clinic in Taunton and a copy of his report is sent to me. Only very severe cases and those not re-acting to treatment are considered for special schools and I am pleased to be able to say that we have no Ilminster child at such an establishment at the present time.

### Spastics

The arrangements made for spastic children remained unchanged. They have proved to be quite adequate.

### Blind Persons

The Somerset Association for the Blind continued to carry out their good work. They were supported by a grant from the County Council. At the moment there are six on the Blind Persons Register and one partially sighted person in the town.

### Ambulance Service

The ambulances are provided and controlled by the County Council and they gave satisfactory coverage throughout the year.

### Mental Health Services

The County Council are responsible for the administration of the new Regulations and the detailed work is undertaken by the Mental Health Sub-Committee. The emphasis is now on the treatment of mental disorders as far as possible with the patient living in the community. With the aid of modern treatment this policy is having considerable success.

### National Assistance Act

I did not take statutory action with regard to any old person during the year although once again I was under considerable pressure to do so. Eventually the old lady was persuaded to accept the advice of her general practitioner and voluntarily went into institutional care.

### Care of the Aged

The County Council as Health Authority, and the Urban District Council as Housing Authority continued to further the policy of keeping ageing people as long as possible in their own homes. Increasing infirmity often makes the family house, already too big or inconvenient, a considerable burden to the aged. Yet sentimental ties forces them to continue the struggle. The provision of accommodation specially suited to their needs is one answer and readily accepted by the majority. The Council have provided 28 units so far but there is an application list for another 42 at present.

There comes a time when even a small specially designed unit is too much to manage and the County Welfare Department have made considerable progress in the provision of suitable alternative accommodation. In Taunton and in Chard they have spent considerable sums of money to ensure that the accommodation provided is up to the very best modern standards. Sunnylands at Chard is a particularly good example of the complete modernisation and re-equipment of an old institutional building. Now they have really attractive single, double and three bedded rooms, well furnished and brightly decorated, with running hot and cold water. There is a lift to the upper floors. The common rooms are light and airy. The residents enjoy the excellent amenities provided by a kindly staff, well directed by the Warden and his wife, Mr. and Mrs. Haines.

### Disabled Persons

The Good Fellowship Club continued to meet fortnightly in the evening in the canteen of the Grammar School. This is not a very bright or cheery place but is the best available. The numbers are down to five.





### Health Education

The Council continued to educate the public in all aspects of health. Use was made of posters on a variety of subjects.



## SECTION C

### Prevention and Control over Infectious Diseases and Other Diseases

Apart from a few cases of measles which are detailed in Appendix C, Table 1, and one case of scarlet fever, no infectious diseases were notified during the year.

The routine immunisation of children against diphtheria, whooping cough and tetanus with the triple vaccine continued: Trivax was the vaccine used. Oral poliomyelitis vaccine was the only type used and was found to be more acceptable.

Vaccination against smallpox also continued but the demand was naturally much less than in the previous year when there was a big demand following outbreaks in South Wales and in the Midlands.

A full B.C.G. programme for children in their fourteenth year was carried out in the schools in February and March. Publicity had been given to the advisability of vaccination against tuberculosis when the forms were being handed out and the response was satisfactory.

There was no visit of the Mass Miniature Radiography Unit but one is planned for 1964.



## SECTION D

### Environmental Health Services

#### A. Sanitary Circumstances

##### Climatic Conditions

1963 was a disappointing year with regard to the weather. The summer was mostly dull but in the early and late part of the year when water was badly needed there was a very poor rainfall. The total fall was 28.25 inches, a slight improvement on 1962.

##### Water Supply

The quality of the water was satisfactory throughout the year but there were shortages of water in the summer when restrictions on hosepipes were imposed and appeals were made for economy. An additional supply was obtained from the Chard Rural District Council. The Council considered the question of fluoridation of water supplies and I regret to say they did not accept my advice and refused to agree to the fluoridation of water to a standard laid down by the Ministry. This information was forwarded to the County Council.

On 1st October, 1963, the Wessex Water Board took over control of the Ilminster Water Undertaking.

The availability of water has been a key factor in the determination of settlement sites since earliest times. The Anglo-Saxon settlements in the south of England are excellent examples. As the settlements grew in size so the need to organise the water supply became important. Hull was the first place to have a water charter which was granted in 1447. In 1585 Sir Francis Drake promoted a civil venture which culminated in Plymouth's first Water Act of 1585. The movement was slow to spread but the sudden expansion of towns during the industrial revolution made the problem of water supply acute. Outbreaks of disease, notably cholera, put pressure on local authorities to tackle the problem. In 1844 a Royal Commission recommended that local authorities should have definite responsibilities for water supplies and drainage but it was not until the Public Health Acts 1872 - 78 that the duty was laid upon sanitary authorities to secure the provision of wholesome and sufficient water for the needs of their area.

Presumably the main source of water was from wells but later the town received water from three main sources:

- (a) Two springs at Court Barton, owned by the Council
- (b) Chink, Kingstone (owned by Col. A.V.H. Vaughan-Lee). This consisted of Chink spring with an average daily flow of 17,500 gallons, and Long Orchard Springs giving an average daily flow of 3,000 gallons
- (c) New Road supply (owned by Mr. A.J. Poole). This water was derived from two wells 60' deep. The yield was not recorded.

Three hundred and eighty-six houses out of the five hundred and eighty-six in the Urban District were supplied by these Undertakings, the remainder continued to depend on wells. In the late 1920s it was decided to construct a new water works at Cudworth and on completion the Court Barton and New Road supplies were discontinued for use as drinking water. In 1936 the filtration plant and gathering grounds were extended and further extensions were carried out in 1940. In the late 1930s the gravity feed from the works to the town reservoir at Pretwood was insufficient to satisfy demands and a booster pump was installed at Dowlish Wake which increased the flow of water by 50%. Between 1936 - 1955 the Council were able to give a bulk supply to the Chard Rural District but when they laid a new main from Combe St. Nicholas to Whitelackington this was discontinued and a connection was made from the new main to the Pretwood reservoir to enable the Rural District to supply Ilminster with water in case of need. In 1952 the water mains were extended to the Beacon estate and in 1957 to Knott Oak to supply existing and proposed dwellings. With the large increase in the number of houses built recently and with the improvement of older houses by the





installation of bathrooms, the demand for water has frequently exceeded the supply, particularly during the summer. To meet this demand the Council, in collaboration with the adjoining authorities, put in hand a scheme for another bore hole at Pole Rue in the Rural District and when the Wessex Water Board took over control work on this bore hole was well advanced.

#### Drainage and Sewage Disposal

The sewage works which were first put into operation in 1959 were constructed to treat a dry weather flow of 150,000 gallons a day. During the winter at peak periods they receive a flow of probably 400,000 gallons and it is obvious that extraneous water is getting into the sewers. It is probable that the Court Barton springs, the trough in the Dolphin Yard and Shudrick Stream at its intersection with the sewers contribute towards this and a good deal of sub soil water drains from the land and penetrates the sewers. The sewers, which were laid in 1873, are 18" open jointed sewers and in 1930 consulting engineers reported to the Council that they were unsatisfactory. It is therefore not surprising that samples of the effluent fluctuate between satisfactory and unsatisfactory. In addition to domestic sewage strong sewage is being discharged by a milk factory in the town and two slaughter houses, one doing a considerably kill, add to the problem. It may well be that eventually these sewers will have to be re-laid and the existing sewers will continue in use for surface drainage water only. If there is a considerable increase in the number of houses built it may also be necessary to extend the works. The Council's present inability to give satisfactory treatment to the existing sewage must be born in mind when aiming to attract new industry to Ilminster.

#### Public Cleansing and Refuse Collection

At the present time the whole of the refuse in Ilminster, domestic and trade, is collected on Monday and Tuesday each week. It is inevitable that with the growth of the town the collection will have to be extended to a three-day period in the near future. Although there are considerably fewer private houses with sub-standard bins, a fair number still remain and every endeavour should be made to get them to provide a satisfactory receptacle. This would speed collection and be a good public health measure. The present vehicle will have reached the end of its useful life by 1965 and the Council should aim to replace it in the spring of that year.

The refuse tip at Chilworthy has given seven months tipping in 1963 and should be available for use during the summer of 1964 and 1965. After that summer tipping could be carried out in Paul's Copse nearby which, it is estimated, has tipping space for many years. During the winter months the tip at West Crescent could be satisfactorily utilised. It is essential that sufficient covering material should be made available there so that no nuisance arises. The use of machinery for speed, efficiency and economical covering is also necessary.

The very severe weather in the early part of the year gave the Council staff experience in snow clearing and gritting. Mr. Bussell, our Surveyor, have come from Derbyshire, was well aware of how to tackle the problem. The immediate application of salt after the fall of snow enabled the machinery to remove it before hard packing and adhesion to the road took place with the result that Ilminster was clear of snow and remained so while nearby towns were often in very great difficulties.

#### Rodent Destruction

One part-time operator is employed and he carries out routine test baiting and treatment. No serious infestations were reported.

#### Swimming Baths

There is no public swimming bath but the two senior schools have baths and it is estimated that when in use in the summer, about 140 children use them each day. The bath at the boys' grammar school has been considerably improved and a chlorination and filtration plant has been installed. Mains water is used. The Secondary Modern School Bath is hand chlorinated. It developed a leak and its use was very limited.





## B. Factories Act

Details of the inspections carried out by the Public Health Inspector can be found in Appendix B, Table 2.

## C. Housing

The Council erected no houses during 1963 either for slum clearance or any other purpose, nor have they any in course of erection for slum clearance. Twenty-six were in course of erection for other purposes. The list of applicants for housing accommodation numbered 61 urgent cases and 42 applicants for old peoples' dwellings. The largest immediate problem Ilminster has to face in this sphere is the re-housing of the tenants of Summervale. I reported in detail on the condition of this estate last year and have urged the Council on numerous occasions to tackle this problem energetically. However, 38 houses are still occupied on this estate and probably between 90 - 100 people are living there. It is possible that not all of them have applied for re-housing but the houses themselves have come to the end of their useful life. It is inevitable that they are going to be occupied at least one more winter. Once more I appeal to the Housing Committee to give absolute priority to this slum property.

Full details of the housing situation will be found in Appendix D, Table 3.

## D. Inspection and Supervision of Food

### Milk

There are three registered distributors and one registered dairy premises in the town. Following a complaint by a customer who found a dead mouse in one bottle, the Council successfully prosecuted the producer.

### Ice Cream

There are seventeen premises registered for the sale of ice cream. No manufacturing of ice cream is carried out in the town but all sell the pre-packed product. No sampling was done during the year and this should be remedied. One sample at least should be taken from every registered premises each year.

### Meat

There are two private licensed slaughter houses in the town and Appendix D, Table 4 gives the details of the meat inspected. When I reported last year I stated that without additional help it was impossible to give one hundred per cent meat inspection at the larger slaughter house. The Council decided to appoint an additional Inspector and from 1st October, 1963 one hundred per cent inspection was carried out and I am very pleased to be able to record this fact.

### Food Premises

There are seventeen premises regarded as registered under Section 16 of the Food and Drugs Act, 1955 and presumably these all refer to shops selling ice cream. No premises where meat is prepared have so far been registered and this omission should be rectified now that we have an increased Public Health Staff.

In addition to the above the Public Health Inspectors dealt with a large number of complaints which were received and they also dealt with drainage problems. Other work included visits and the issue of licences under the Petroleum Regulations, the Explosives Act, the Slaughter of Animals Act and the Factories Acts.

From October the Public Health Inspector had the help of an assistant and was able to devote more attention to a number of items which should have had his attention but, due to lack of time, were forced into the background. I hope, when I report next year, that the situation will have improved considerably.



APPENDIX A TABLE 1

Registrar General's estimate of population mid 1963	2,820
No. of inhabited houses at the end of 1963 according to the Rate Book	1,069
Rateable Value	£ 89,139
Sum represented by a penny rate	£352
Area	531 acres

APPENDIX A TABLE 2

BIRTH RATE - 15.98

Comparability Factor 0.98

		M	F
Live Births	Total	25	21
	Legitimate	25	21
	Illegitimate	-	-
Still Births	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	-	1
	Legitimate	-	1
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	-	1
	Legitimate	-	1
	Illegitimate	-	-
Deaths of Infants under 1 week	Total	-	-
	Legitimate	-	-
	Illegitimate	-	-



APPENDIX A TABLE 3

DEATH RATE 13.2

Comparability Factor .98

Causes of Death	Sex	Total All Ages	Under four weeks	Under one year	1-	5-	15-	25-	35-	45-	55-	65-	75+
Heart: Coronary disease angina	M	3	-	-	-	-	-	-	-	-	2	1	-
	F	2	-	-	-	-	-	-	-	-	-	-	2
Other heart disease	M	4	-	-	-	-	-	-	-	-	1	-	3
	F	7	-	-	-	-	-	-	-	-	1	2	4
Circulation: vascular lesions of	M	1	-	-	-	-	-	-	-	-	-	-	1
nervous system	F	2	-	-	-	-	-	-	-	-	-	-	2
Other circulat- ory disease	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Cancer: Stomach	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
Lung	M	2	-	-	-	-	-	-	-	2	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
Breast	F	2	-	-	-	-	-	-	-	-	-	2	-
Other sites	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	1	2	-
Lung: Influenza	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Bronchitis	M	3	-	-	-	-	1	-	-	-	-	2	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Infective & parasitis diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
Leukaemia, Aleukaemia	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
Congenital malform- ations	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	1	-	-	-	-	-	-	-	-	-	-
Other defined and ill-defined diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	-	-	-
Motor Vehicle Accidents	M	1	-	-	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CASES	M	16	-	-	-	-	1	-	1	3	3	4	4
	F	22	1	-	-	-	-	-	-	1	3	7	10



APPENDIX B TABLE 1

ILMINSTER CHILD WELFARE CLINIC

Statistics for the twelve months ended  
31st December, 1963

No. of Children on Register

(a)	Born 1963	59
(b)	Born 1962	54
(c)	Born 1958 - 61	53

No. of attendances

(a)	Children under 1 year of age	569
(b)	Children aged 1 - 2 years	167
(c)	Children aged 2 - 5 years	169







APPENDIX B TABLE 2

DIPHTHERIA IMMUNISATION

No. of children who completed a full course of primary immunisation in the year ended 31st December, 1963

Children born in the years :	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	9	22	2	2	-	-	-	35

No. of children who received a reinforcing injection in the year ended 31st December, 1963

Children born in the years :	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	-	4	1	-	-	46	1	52

WHOOPING COUGH IMMUNISATION

No. of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1963

Children born in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	8	22	2	2	-	-	-	34

TETANUS IMMUNISATION

No. of children who completed a full course of primary immunisation in the ended 31st December, 1963

Children born in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	9	22	2	2	-	-	-	35

No. of children who received a reinforcing injection in the year ended 31.12.63

Children born in the years:	1963	1962	1961	1960	1959	1954-58	1949-53	Total
	-	4	1	-	1	46	1	53

POLIOMYELITIS VACCINATION

No. of persons who received a course of primary vaccination (two injections of Salk vaccine, three injections or three doses of Oral vaccine) during the year 1963

Children born 1963		Children born 1962		Children born 1943-61		Young Persons born 1933-42		Persons under 40 yrs. of age & Priority Groups	
<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>	<u>Salk</u>	<u>Oral</u>
-	2	-	34	10	17	4	-	3	2

Reinforcements 1963

No. of persons (all groups) who received a third Salk injection or fourth injection of quadruple vaccine	No. of children of 5 yrs. but under 12 yrs. who received a fourth Salk injection or fifth injection of quadruple vaccine	No. of persons (all groups) who received a reinforcing dose of Oral vaccine following two Salk injections	No. of children of 5 yrs., but under 12 yrs. who rec'd a dose of Oral vaccine after three Salk injections or 3 Oral doses or 2 Salk injs. plus 2 Oral doses
53	17	10	13



# SMALLPOX VACCINATION

Age Groups	0 - 3 months	4 - 6 months	7 - 9 months	10 - 12 months	1 year	2 - 4 years	5 - 14 years	15 or over
	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u> <u>R</u>	<u>P</u> <u>R</u>	<u>P</u> <u>R</u>	<u>P</u> <u>R</u>
	2	-	-	1	2 - 1	- -	- -	4 1

P = Primary Vaccination

R = Re-vaccination

## APPENDIX B TABLE 3

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. in-spected</u>	<u>Date of medical inspection</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diphtheria immunisation</u>	<u>Date of last dental inspection</u>
Ilminster Boys' Grammar	187	46	24.7.63	64.17%	53.47%	-	17.3.58
Ilminster Junior Boys'	60	25	8.2.63	66.66%	58.33%	-	Feb. '58
Ilminster Infants' & Junior Girls'	176	104	27/29/31 5.63	90.90%	57.95%	42	28.4.59
Ilminster Secondary Modern	314	119	8/10/12 7.63	40.77%	55.73%	-	Nov. '60



APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

Scarlet Fever...	...	...	...	...	1
Measles...	...	...	...	...	6

Analysis of Cases Notified

	Under 1 yr.	1-2	2-3	3-4	4-5	5+10	10-15	15-20	20-35	35-45	45-65	65+ Age Unknown
Scarlet Fever									1			
Measles	1			1	1	3						

Tuberculosis

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M	F	M	F	M	F	M	F
- 1								
1 - 5								
5 - 15								
15 - 25								
25 - 35								
35 - 45								
45 - 55				1				
55 - 65								
65+								
Total	-	-	-	1	-	-	-	-





APPENDIX D - TABLE 1

Water Supplies

Piped Supplies - results of samples taken for analysis

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
-	-	-	-	4	-	1	-

Water Supplied from wells:

No. of samples taken for examination ... Nil

<u>Satisfactory</u>		<u>Unsatisfactory</u>	
<u>Bacteriological</u>	<u>Chemical</u>	<u>Bacteriological</u>	<u>Chemical</u>
-	-	-	-

No. of wells closed ... Nil

No. of houses relying on (a) well supplies ... Nil  
 (b) spring supplies... Nil

APPENDIX D TABLE 2

Factories Acts, 1937 - 1959

	<u>No. on Register</u>	<u>No. of Inspections</u>	<u>No. of written notices</u>	<u>No. of occupiers prosecuted</u>
(i) Factories in which Sections 1, 2, 3, 4 and 6 enforced by Local Authority	4	2	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	23	12	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	5	3	-	-
Total	32	17	-	-

Cases in which defects were found ... Nil  
 Cases in which defects found were remedied... Nil

Outworkers

No. of outworkers in August list required by Section 110. ... 17





APPENDIX D TABLE 3

Housing

Action taken during year

1. No. of houses included in Clearance Areas for which Orders are still to be made.....	Nil
2. No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957.....	Nil
3. No. of houses closed or demolished under Section 42 of the Housing Act, 1957 (Clearance Areas).....	Nil
4. No. of houses demolished or closed (a) under Section 17 of the Housing Act, 1957 (individual unfits).....	5
(b) for other purposes (road improvements etc.).....	Nil
5. No. of temporary dwellings (huts etc.)demolished.....	Nil
6. No. of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair).....	Nil
7. No. of houses made fit during year.....	Nil
8. No. of unfit houses occupied under licence.....	Nil
9. Houses in multiple occupation (Housing Act, 1961) Action taken.....	None
10. Reconditioning of Condemned Houses - Exclusion from Clearance/Demolition Orders (Housing Act, 1961) Action taken..	None
11. Substitution of Closing Order for Demolition Order Housing Act, 1961. Action taken.....	None
12. <u>Rent Act, 1957 (1st Schedule)</u> - Certificates of Disrepair	
(a) No. of applications received	Nil
(b) No. of Certificates issued	Nil

	Houses erected during year		Houses in course of erection		Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
	For Slum Clearance	For other purposes	For Slum Clearance	For other purposes		
Local Authority	-	-	-	26	-	-
Private Enterprise	-	5	-	7	1	-
<u>No. of Post-War houses erected from 1st April, 1945 to 31st Dec., 1963</u>						<u>Housing Programme 1964</u>
By Local Authority			By Private Enterprise			Extension of Orchard Vale site
232			78			Erection of flats to give 48 units of accommodation
(a) No. of temporary housing units occupied					(i) Prefabs	43
					(ii) Huts, etc.	Nil
(b) No. of houses found overcrowded						Nil



Housing required

(i)	To replace houses scheduled for demolition	} For all purposes	128
(ii)	To abate overcrowding		
(iii)	For other purposes		
(iv)	Applications for Council houses at end of the year .....		
	(a) Urgent bona fide cases		61
	(b) Applications for Old People's Dwellings		42
	(c) Others		-
Total applications			103
(v)	Total number of Council Houses sold during the year		Nil

	No. of permanent dwellings in district as at 31.12.62 (a)	Gained from conversions and erected during 1963 (b)	Total (a) + (b)	Less Houses demolished, closed, etc. during year	No. of permanent dwellings in District as at 31.12.63	
					L.A.	P.E.
L.A.	275	-	275	-	275	-
P.E.	788	6	794	12	-	782
Totals:	1063	6	1069	12	275	782

OLD PEOPLE'S DWELLINGS

Number erected to 31.12.63		Number in Course of erection	
With County Council Aid.	Without County Council Aid	With County Council Aid	Without County Council Aid
28	4	10	-

IMPROVEMENT GRANTS

A. Discretionary

Number of applications and houses dealt with by Local Authority during year

(1) Received		(2) Approved	
Applications	No. of Dwellings	Applications	No. of Dwellings
3	3	3	3

Note No. of applications approved in respect of owner/occupiers during the year..... 2

Average cost per dwelling approved during year... £425

Amount of Grant payable by Local Authority..... £212

B. Standard

Number of applications	(a) Received	...	...	...	...	6
	(b) Approved	...	...	...	...	6

Number of houses where Standard Amenities have been provided. 2

Note Number of applications approved in respect of owner/occupiers during the year..... 5



APPENDIX D TABLE 4

Meat Inspection

Carcases and offal inspected and condemned in whole or in part during year

	<u>Cattle excluding cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed (if known)	727	2545	1652	4443	562	-
Number inspected (100% inspection carried out from 1.10.63)	461	1069	389	1240	296	-
<u>All diseases except tuberculosis and Cysticerci</u>						
Whole carcasses condemned	1	11	1	2	2	-
Carcasses of which some part or organ was condemned	26	381	4	43	34	-
Percentage of the number inspected affected with disease other than tuberculosis & cysticerci	5.85%	36.68%	1.28%	3.63%	12.16%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	3	2	-	-	3	-
Percentage of the number inspected affected with tuberculosis	0.65%	0.13%	-	-	1%	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	5	2	-	-	-	-
Carcasses submitted to treatment by refrigeration	2	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
<u>Weight of meat condemned (in lbs.) for:</u>						
(a) Tuberculosis	-	-	-	-	37	-
(b) Cysticercosis	100	9	-	-	-	-
(c) Other	849	11,286	46	194	258	-
Total (in lbs.) condemned	949	11,295	46	194	295	-

